

claim to be the true intent and meaning of the Act; mentioning, as a notable instance, the Royal College of Surgeons of England, the *Members* of which constitute the body, but the Council of which has assumed and exercises the power to *appoint*, and prays for an amendment of the Council's form of return.

I do not know in what precise terms, in the case of the College, the form is filled up; whether, contrary to the Act, "We, the Council of the Royal College of Surgeons of England, etc., do hereby *APPOINT*." In either case what takes place is *not* by the BODY, and is *not* a CHOOSING but is an "appointment," which is diametrically the opposite of "choice" or "election." In support of this contention I may give the following result of researches on this point:

Chitty's *Statutes*, vol. viii, 5th ed. *Parliament*, p. 4; 3rd Edward I, cap. 5, A.D. 1275: "And because election ought to be free," etc.; 8th Henry VI, cap. 7, A.D. 1429: "What sort of men shall be *choosers*, and who shall be chosen *Knights* of the Parliament."..... "Whereas the *election* of Knights of Shires Chosen to come to the Parliament of our Lord the King..... Provided always that he which cannot expend forty shillings by year, as afore said, shall in nowise be chosen of the Knights for the Parliament.".....

Such authority for the meaning of the word "choose" is the highest, for it is that of Parliament itself, but if other were needed it is contained in the following extract from

Whitney's *Century Dictionary*, word *APPOINTMENT*. 2. "Dependent upon the exercise of the power or right to appoint: filled by appointment: opposed to election: as appointive offices." And *idem*. word *ELECT*. 2. "To select for an office or appointment by a majority or plurality of votes."

It is manifest that the General Medical Council has, by varying its terms, assumed a power to amend the Medical Act—by refusing to receive our petition on the ground that *to amend its own form of return into accordance with the Act* would affect the rights of the bodies sending members to the Council, has demonstrated that it is consciously conniving at the usurpation I have pointed out; and, by permitting the *de facto* or supposed corporate representatives to vote on the petition as judges in their own cause has acted illegally and corruptly, and that it did not so act unconsciously my letters to the Council and Sir Wm. Turner taking formal objection to the right of those gentlemen to do so no less clearly prove.—I am, etc.,

R. B. ANDERSON (One of the Petitioners).

Montague Place, W.C., Dec. 15th.

THE VACCINATION PROBLEM.

SIR,—I shall be glad to be allowed to reply to Dr. McCook Weir's criticisms on one of the suggestions issued by the Jenner Society on the above subject; it is the postponement of the statutory period of compulsory infant vaccination.

This is a question rather of policy than of absolute merit, and must be dealt with as such. If there were no other considerations involved than the protection of our infant population from the risk of small-pox, it is obvious that the sooner every infant is vaccinated the better. But unfortunately we have to deal with an active and increasing resistance to vaccination, which is largely assisted by maternal sentiment founded on real troubles incidental to vaccination at such an early age as is now prescribed.

The report of the Royal Commission, in view of the practice in Scotland, recommends that the statutory period should be advanced from three to six months; but there is good reason for doubting whether, if the three months limit is abandoned, it would not be better to extend the period to the German limit—the end of the first year after that in which the child is born. By so doing we should escape the troubles which are apt to complicate vaccination during the first twelve months of life, and be the better able to determine whether the general constitutional condition of the child offered any indication unfavourable to vaccination or not. Dr. McCook Weir's experience of the present method of enforcing infant vaccination seems to have been unusually favourable. He appears to find scarcely any difficulty at all. Yet only 18 per cent. of his cases have presented themselves to him within the statutory period of three months.

The objections to extension of the period are two. The first is the difficulty in maintaining touch with the parents in urban populations, where there is a great tendency to migration from one locality to another. This must be admitted, but it is only in a small percentage of cases that this obtains, and that only in our largest cities. When the school

age is reached, these children come again into relations with the State through the machinery of the school. The second objection is in appearance a more serious one, that a large number of infants and young children would be left unprotected, and would be a source of danger not only to one another but to the whole community. And it must be admitted that unless the extension of the vaccination age can be compensated by the prospect of bringing the great bulk of the children who may be still unvaccinated at the school age into the vaccination fold at that time, and by empowering the local authority to enforce the vaccination of all unvaccinated children in case of an outbreak of small-pox, it is open to considerable doubt whether it would be expedient to press it. It is noteworthy in connection with this point that out of the 27 deaths from small-pox which occurred in the whole German empire in 1895, 11 were unvaccinated infants under 2 years, and 7 were children between 3 and 10 years, some of whom were undoubtedly and most of them probably unvaccinated. This is a very small mortality considering the enormous number of unvaccinated children within the limits of the empire at that time, and is not a serious penalty to pay for the advantages gained by postponement. It is scarcely necessary to point out that the adoption of the German limit would not prevent those who might be willing to have their children vaccinated earlier from so doing.

As to Dr. McCook Weir's objections to calf lymph, it is rather too late in the day to raise them now, and it would be a waste of your space to discuss them. There will be much more sympathy with his complaint of the inefficiency of a good deal of the vaccination that passes current. We certainly need a legal definition of what "efficient vaccination" is. But he begs the question when he assumes that there is no medium between a strict administration of the existing law, which is impossible, and a complete abolition of compulsion, without conditions or compensation. This is essentially a case in which the Bismarckian principle of *do ut des* commends itself for adoption. It is possible to recognise the expediency of making concessions to determined objectors, especially if accompanied by new securities generally, without admitting the need for abolishing compulsion altogether.—I am, etc.,

Gloucester, Dec. 13th.

FRANCIS T. BOND, M.D.Lond.

THE AERIAL SPREAD OF SMALL-POX.

SIR,—In my letter to you of November 30th (published December 4th) I mentioned two facts which occurred in the Warrington epidemic, which were, in my opinion, distinctly against the hypothesis of the aerial convection of small-pox, namely:

The exemption of the workhouse population of 712 persons—living in a building and grounds only separated from the old small-pox hospital by a wall—from cases which could not be explained by direct infection; and the exemption of a population of 364 persons working all day in a brewery situated near the new hospital from cases which could not be shown to have contracted the disease in the usual direct or mediate fashion. There were altogether only 6 cases in the former and 4 in the latter.—P. 168a.

In the following week, December 11th, your correspondent "Epidemiologist" misconstrues my statement into meaning *total* exemption, and then questions its truth. I am at a loss to understand why he should do so, because, even in other parts of my letters in which my statement is not (in order to economise space) so explicit as this, it is obvious from the context that what was meant was exemption from cases not demonstrably due to direct or mediate infection.

I am sorry to trespass on your space, but the facts—and they are given with full detail in my report—are as follows: All the 6 cases in the workhouse could be traced to direct or mediate infection. Thus the *first* case (rash August 19th) had no fewer than four alternate sources of mediate infection; the *second* case (rash Friday, September 9th) was the nurse who carried the first case over to the fever ward on Friday, August 26th; the *third* and *fourth* cases were inmates under nurse case number two; they developed the eruption on the same day as she, and were clear illustrations of conveyance of infection by a third person, who also contracted the disease herself; the *fifth* case (rash October 7th) contracted the disease from another nurse, who now looked after the small-pox cases (which were necessarily retained in the workhouse) to whom he went daily to have his leg dressed. The *sixth*